



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**  
DHSS Breath Alcohol Program  
By Carol Day at 12:27 pm, Aug 28, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <b>204137</b>	<b>INVENTORY #127249</b>	DATE OF INSPECTION <b>08-16-2009</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>301 N. SECOND ST., ST. CHARLES, MO (ST. CHARLES COUNTY JAIL)</b>		TIME OF INSPECTION <b>2226</b>

**CHECKLIST:** Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>50</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE <b>2226 AUGUST 16</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2 °C) <b>GUTH MODEL 34C #G-6824 34°C</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE <b>(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)</b>	

TEST 1 <input checked="" type="checkbox"/> <b>.097%</b>	TEST 2 <input checked="" type="checkbox"/> <b>.097%</b>	TEST 3 <input checked="" type="checkbox"/> <b>.098%</b>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)					
REFUSALS <b>3</b>	(0-.04) <b>0</b>	(.05-.09) <b>3</b>	(.10-.14) <b>14</b>	(.15-.19) <b>7</b>	(Over .19) <b>2</b>

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

**THIS UNIT MEETS ALL DEPARTMENT OF HEALTH SPECIFICATIONS.**  
**BOTTLE #910**  
**LOT #08340** **EXP: 10/15/2009**  
**GUTH LABORATORIES, INC**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>J.T. HEDRICK</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>820149 05/06/2010</b>	TELEPHONE NUMBER <b>(636) 300-2800</b>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

# BAC DataMaster

## Evidence Ticket

$$H_2O + \frac{1}{2}O_2 \rightarrow H_2O_2 \quad \Delta H = -187 \text{ kJ}$$

DATE: 10/1/01

\*\*\*\*\*  
 01/11/99 09:50:00 AM  
 01/11/99 09:50:00 AM  
 01/11/99 09:50:00 AM

5. 10. 65

State of Missouri  
DEPARTMENT OF HEALTH



PERMIT  
TYPE II



JAMES HEDRICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/06/08

*Tim C. O'Leary*

Director of State Public Health Laboratory

Number 820149

Expires 05/06/2010

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)